

00CV-2183
Return on OTSC 12/13/02

copy 19

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ <input type="checkbox"/> No</p> <p>2. Article Addressed to: <i>Susan Farney DA Off. of the Pa. Atty. Gen. 15th Floor, Strawberry Sq. Harrisburg, PA 17120</i></p> <p>202 00CV-2183 OTSC 12/13/02</p> <p>2. Article Number (Transfer from service label) 7002 2410 0001 2354 0074</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835</p>			

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HARRISBURG, PA

DEC 18 2002

MARY E. D'ANCONA, CLERK
Per _____ Deputy Clerk